Who We Are

Since 1951, ChildFund India has been representing the voices of deprived, excluded, and vulnerable children in India regardless of their race, creed, and gender. Through long-term partnerships, ChildFund India annually reaches nearly two million children, youth and families in the most hard-to-reach areas and empowers parents and community members alike to be agents of change.

We work with over 6000 communities throughout 14 States and one Union Territory through our child-centred interventions aiming to bring about lasting changes in the lives of children. Our interventions span from maternal-child health, early childhood development, education, as well as youth engagement and livelihoods, with a cross-cutting focus on child protection, gender equality, and emergency response/disaster risk management.

ChildFund India is a nationalized entity of ChildFund International, a global child development and protection agency serving more than 19.7 million children and their families in 30 countries.

Resources

In order to operate in five Anganwadi centres throughout one year, the project requires an investment of 29,908.80 USD (2,000,000 INR)* to reach 150+ children (ages 3-6 yrs) and at least 300 family members, a cost-effective approx. 66 USD per beneficiary.

| Administration Costs (10%) | 2,990.88 USD | (200,000 INR) |
| Program Costs (90%) | 26,917.92 USD | (1,800,000 INR) |

*Please note that a detailed budget is available upon request and expenses may vary slightly depending on the selected project location.

From the Field

Manjula, an Anganwadi worker who received the Adarsh Anganwadi Sevika (Role Model Pre-school worker) award for excellence from the local government, on the training and guidance received by ChildFund India –

"After participating in the project, I am better equipped to work with children and their mothers, and lead Health and Nutrition Dietary Requirements of Pregnant & Lactating Mothers Demonstrations."

Contact Information:

ChildFund India provides early childhood healthcare and pre-school education at more than 2000 Early Childhood Development (ECD) Centres (Anganwadis) across the country, reaching over 80,000 children. Our centres also serve as community hubs where over 150,000 mothers and primary caregivers have learned child care practices, as well as received nutrition supplements and immunizations for their children. ChildFund has also trained over 2,100 health service providers as part of our sustainability efforts. By working through government run Anganwadis, we ensure that our program amplifies local initiatives, rather than replaces them.

ChildFund India is also influencing the national dialogue about innovations in early childhood development. Currently, we are partnering with UNICEF and Ambedkar University to develop Early Learning and Development Standards (ELDS) for children aged between 0-8 yrs.

Contact Information:

Contact Persons:

Website: www.ChildFundIndia.org

Pehla Kadam

(FIRST STEPS)

ChildFund India

National Office:
# 2.2 Museum Road,
Bangalore 560001, Karnataka, India
Tel: +91-80-2558-7157

Program Office:
B-105, 1st Floor, Greater Kailash-1
New Delhi, 110048, Delhi, India
Tel: +91-11-4100-6540

Vijay Wadhvari
Senior Manager- Corporate Partnerships
Tel: +91-98-1950-0564
Email: VWadhvari@childfundindia.org

Chhaya Kaul
Business Development Manager
Tel: +91-92-9704-4972
Email: CKaul@childfundindia.org

Website: www.ChildFundIndia.org
Local credibility and long-term approach from our enduring 65 year community presence. Partnerships with approximately 60 grassroots organizations and local institutions (including government entities) to ensure the sustainability of our programs. Extensive national geographic coverage that allows us to reach the most remote and hard-to-reach populations overlooked by others.

An opportunity to enrich the lives of the most marginalized children, using a strategic approach that focuses on maximizing impact and ensuring sustainability. Rigorous accountability measures to ensure your return on investment and that all deliverables are met or even exceeded. Co-branding and employment engagement opportunities, so that there is collective ownership of the project.

The Problem

Early childhood is an optimal intervention point. Investments in early childhood development interventions are known to have the highest long-term returns. The United Nations Sustainable Development Goals mandate that by 2030 all girls and boys must have access to quality early childhood care and pre-primary education.

In India, Anganwadis are government-run early childhood development and education centres that often lack the resources to provide comprehensive health and pre-school education, with long-reaching consequences. UNICEF India has attributed India’s continued struggle to lower primary school dropout rates and poor early childhood development services.

1. UN 2030 Sustainable Development Agenda: https://sustainabledevelopment.un.org/?menu=1300
2. http://unicef.in/WhatweDo/40/Early-Childhood-Education

What Sets Us Apart

Strengthening Anganwadis through infrastructural improvements, health education classes to parents, and quality health service delivery (including immunizations and nutritional supplement provision).

Facilitating Pre-School Education Activities and Primary School Enrolment

Sensitizing Parents on Child Care Best Practices by conducting counselling and home visits to provide instruction on early child development best practices and personalized preventative healthcare.

Revitalizing Mothers’ Committees (Matritva Samities) within Anganwadi centres to ensure effective knowledge-sharing and advocacy on health and pre-school education topics.

Engaging Community Stakeholders by making/screening a documentary film charting the project’s impact.

What Our Partnership Means

At least 80% Anganwadis meet national government safety, operating and delivery standards.

Mobilization and re-formation of Mothers’ Committees (Matritva Samities) within at least 80% of Anganwadis.

70% of beneficiaries (families of children aged 3-6 yrs, Anganwadi workers, health service providers, and community members) have improved knowledge, attitude, and behaviour related to ECD health practices and standards.

Significant increase in primary school attendance.

Projected Impact